

**EPA**United States Environmental Protection Agency  
Washington, DC 20460**Work Assignment**

Work Assignment Number

03-01

☐ Other ☐ Amendment Number:

Contract Number

EP-C-08-010

Contract Period 12/16/2008 To 11/30/2012

Base Option Period Number 3

Title of Work Assignment/SF Site Name

9th Anl. Drink. Water Workshop

Contractor

SCIENTIFIC CONSULTING GROUP, INC, THE

Specify Section and paragraph of Contract SOW

2.4

Purpose:

☐

Work Assignment

☐

Work Assignment Close-Out

☐

Work Assignment Amendment

☐

Incremental Funding

☒

Work Plan Approval

Period of Performance

From 12/07/2011 To 11/30/2012

Comments:

The work plan is approved with a cost ceiling of \$104,000

☐

Superfund

## Accounting and Appropriations Data

☒

Non-Superfund

SFO  
(Max 2)☐

Note: To report additional accounting and appropriations data use EPA Form 1900-69A.

| Line | DCN<br>(Max 6) | Budget/FY<br>(Max 4) | Appropriation<br>Code (Max 6) | Budget Org/Code<br>(Max 7) | Program Element<br>(Max 8) | Object Class<br>(Max 4) | Amount (Dollars) | (Cents) | Site/Project<br>(Max 8) | Cost Org/Code<br>(Max 7) |
|------|----------------|----------------------|-------------------------------|----------------------------|----------------------------|-------------------------|------------------|---------|-------------------------|--------------------------|
| 1    |                |                      |                               |                            |                            |                         |                  |         |                         |                          |
| 2    |                |                      |                               |                            |                            |                         |                  |         |                         |                          |
| 3    |                |                      |                               |                            |                            |                         |                  |         |                         |                          |
| 4    |                |                      |                               |                            |                            |                         |                  |         |                         |                          |
| 5    |                |                      |                               |                            |                            |                         |                  |         |                         |                          |

## Authorized Work Assignment Ceiling

Contract Period:

12/16/2008 To 11/30/2012

Cost/Fee:

LOE:

This Action:

Total:

## Work Plan / Cost Estimate Approvals

Contractor WP Dated: 12/19/2011

Cost/Fee: \$138,151.00

LOE: 722

Cumulative Approved:

Cost/Fee: \$138,151.00

LOE: 722

Work Assignment Manager Name Thomas Sorg

Branch/Mail Code:

Phone Number 513-569-7370

FAX Number:

(Signature)

(Date)

Project Officer Name Verla Sutton-Busby

Branch/Mail Code:

Phone Number: 202-564-6808

FAX Number:

(Signature)

(Date)

Other Agency Official Name

Branch/Mail Code:

Phone Number:

FAX Number:

(Signature)

(Date)

Contracting Official Name Renita Tyus

Branch/Mail Code: CPED

Phone Number: 513-487-2094

FAX Number: 513-487-2109

(Signature)

(Date)

|   |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
|---|---|--|-------------------------------|----------------------------|----------------------------|-------------------------|------------------|-----------------------------|-------------------------|--------------------------|
| <b>EPA</b><br>United States Environmental Protection Agency<br>Washington, DC 20460<br><b>Work Assignment</b>   |   | Work Assignment Number<br>03-01<br><input type="checkbox"/> Other <input type="checkbox"/> Amendment Number: |                               |                            |                            |                         |                  |                             |                         |                          |
| Contract Number<br>EP-C-08-010  | Contract Period   12/16/2008   To   11/30/2012<br>Base                      Option Period Number    3 | Title of Work Assignment/SF Site Name<br>9th Annual Drinking Water Work                                      |                               |                            |                            |                         |                  |                             |                         |                          |
| Contractor<br>SCIENTIFIC CONSULTING GROUP, INC, THE   |   | Specify Section and paragraph of Contract SOW<br>2.4   |                               |                            |                            |                         |                  |                             |                         |                          |
| Purpose: <input checked="" type="checkbox"/> Work Assignment<br><input type="checkbox"/> Work Assignment Amendment<br><input type="checkbox"/> Work Plan Approval |   | Period of Performance<br>From 12/07/2011 To 11/30/2012   |                               |                            |                            |                         |                  |                             |                         |                          |
| Comments:   |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| <input type="checkbox"/> Superfund                      Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund                      |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| SFO (Max 2) <input type="checkbox"/> Note: To report additional accounting and appropriations data use EPA Form 1900-89A.   |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| Line  | DCN<br>(Max 6)  | Budget/FY<br>(Max 4)   | Appropriation<br>Code (Max 6) | Budget Org/Code<br>(Max 7) | Program Element<br>(Max 9) | Object Class<br>(Max 4) | Amount (Dollars) | (Cents)                     | Site/Project<br>(Max 8) | Cost Org/Code<br>(Max 7) |
| 1   |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| 2   |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| 3   |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| 4   |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| 5   |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| Authorized Work Assignment Ceiling  |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| Contract Period:  |   | Cost/Fee:  |                               | LOE:                       |                            |                         |                  |                             |                         |                          |
| 12/16/2008 To 11/30/2012  |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| This Action:  |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| Total:  |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| Work Plan / Cost Estimate Approvals   |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| Contractor WP Dated:  |   | Cost/Fee:  |                               | LOE:                       |                            |                         |                  |                             |                         |                          |
|   |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| Cumulative Approved:  |   | Cost/Fee:  |                               | LOE:                       |                            |                         |                  |                             |                         |                          |
|   |   |  |                               |                            |                            |                         |                  |                             |                         |                          |
| Work Assignment Manager Name   Thomas Sorg  |   |  |                               |                            |                            |                         |                  | Branch/Mail Code:           |                         |                          |
| _____<br>(Signature)  |   |  |                               |                            |                            |                         |                  | _____<br>(Date)             |                         |                          |
|   |   |  |                               |                            |                            |                         |                  | Phone Number   513-569-7370 |                         |                          |
|   |   |  |                               |                            |                            |                         |                  | FAX Number:                 |                         |                          |
| Project Officer Name   Verla Sutton-Busby   |   |  |                               |                            |                            |                         |                  | Branch/Mail Code:           |                         |                          |
| _____<br>(Signature)  |   |  |                               |                            |                            |                         |                  | _____<br>(Date)             |                         |                          |
|   |   |  |                               |                            |                            |                         |                  | Phone Number: 202-564-6808  |                         |                          |
|   |   |  |                               |                            |                            |                         |                  | FAX Number:                 |                         |                          |
| Other Agency Official Name  |   |  |                               |                            |                            |                         |                  | Branch/Mail Code:           |                         |                          |
| _____<br>(Signature)  |   |  |                               |                            |                            |                         |                  | _____<br>(Date)             |                         |                          |
|   |   |  |                               |                            |                            |                         |                  | Phone Number:               |                         |                          |
|   |   |  |                               |                            |                            |                         |                  | FAX Number:                 |                         |                          |
| Contracting Official Name   Benita Tyus   |   |  |                               |                            |                            |                         |                  | Branch/Mail Code:   CPOD    |                         |                          |
| _____<br>(Signature)  |   |  |                               |                            |                            |                         |                  | _____<br>(Date)             |                         |                          |
|   |   |  |                               |                            |                            |                         |                  | Phone Number: 513-487-2094  |                         |                          |
|   |   |  |                               |                            |                            |                         |                  | FAX Number: 513-487-2109    |                         |                          |

2012. The primary goal of this workshop is to provide information to employees of the State drinking water programs who have the compliance responsibilities for the drinking water regulations and related drinking water issues and problems. The Workshop will again be co-sponsored by the OGWDW, OW and ASDWA who will provide advice and recommendations on the Workshop agenda.

### **3. SCOPE OF WORK**

This performance work statement describes EPA requirements regarding services to be rendered by the contractor for the 9<sup>th</sup> Annual Drinking Water Workshop. The contractor shall make all necessary arrangements to hold a 2-1/2 day workshop during either the week of August 12, 2014 in Cincinnati, OH. The workshop arrangements shall include the following;

#### **Task 1. Workshop Arrangements**

##### **1. Provide for meeting rooms for the workshop as follows:**

###### **1<sup>st</sup> Day (Tuesday):**

- a) - One general meeting room to accommodate up to 165 people classroom style (Full Day).
- b) - One general meeting room to accommodate up to 50 people classroom style (Half day - Afternoon)

###### **2<sup>nd</sup> Day (Wednesday):**

- a) - One general meeting room to accommodate up to 165 people classroom style (Full Day).
- b) - One general meeting room to accommodate up to 50 people classroom style (Half Day)
- c) - Four small meeting areas for discussion groups (Half Day)

###### **3<sup>rd</sup> Day (Thursday)**

- a) - One general meeting room to accommodate up to 165 people classroom style (Half Day - Morning).

- 2. Provide for space and supplies for 15 posters for 1<sup>st</sup> and 2<sup>nd</sup> day.
- 3. Arrange for all necessary audio/visual equipment for all meeting rooms.
- 4. Arrange a block of sleeping rooms for participants. Past Workshops have had around 190 attendees with approximately 100 from outside the Cincinnati area. Rooms will be needed for three nights.
- 5. Develop an announcement advertising the workshop to be delivered to the EPA WA COR for placement on the EPA ORD drinking water web site.
- 6. Provide registration services that attendees can use either by direct mail or e-mail.
- 7. Provide support services to speakers and session moderators before and during workshop. Example of services would include answering questions, and training in use of audio/visual equipment.
- 8. Provide a workbook for all attendees containing agenda, list of speakers, attendees and copies of presentations (Power Point (PPT) slides)